

EXHIBIT B



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Scott Gilbert, Ph.D. - Confidential Portion
Redacted

December 19, 2022

Jeffery Weisman and Strategic Biomedical, Inc.

vs.

Barnes Jewish Hospital, et al.

1 generally yes. Good inputs will produce relevant
2 outputs. So in some sense, the data -- all the inputs
3 should be in some sense reliable.

4 Q. Thank you. Why didn't you just -- strike
5 that.

6 Is there data available that would inform
7 you as to what the average worker makes in the U.S.
8 per year?

9 A. Yes.

10 Q. Okay. Roughly speaking, about what would
11 that be?

12 A. The average worker would cover a broad
13 category, so I'll say I don't know, because I'd have
14 to look it up.

15 Q. Okay. Why don't you just take an estimate
16 of what the average worker might make in the U.S. and
17 apply that to Dr. Weisman going forward?

18 MR. MOOR: Objection; vague; argumentative.

19 A. Well, if -- in my work here, I tried to
20 prepare an opinion on economic loss. And as I
21 understand it, Dr. Weisman's situation was particular,
22 so he wasn't just sort of your average worker. He was
23 a particular person involved in, you know, an
24 education or training program that was more specific
25 than sort of your average person, and had much more

1 time to calculate future earnings losses.

2 Q. In other words, you want more specific data
3 relevant to your particular subject; is that fair?

4 A. Yes.

5 Q. Thank you. So the more specific, the
6 better, yes?

7 A. As a general rule, yes.

8 Q. Okay. Going back to my question about the
9 assumptions that you made.

10 First of all, you made the assumption that
11 he would have actually successfully completed the
12 anesthesiology residency program that he was enrolled
13 in at WashU and BJH; is that fair?

14 A. Yes, as I understand it. And as you
15 described the residency program, that matches my
16 knowledge of it. I'll also say I'm not a medical
17 expert or faculty at a medical school, so if there's
18 any part of that that's not quite exactly correct,
19 then I'll just say that I lack the knowledge to maybe
20 tell the difference, but basically, yes.

21 Q. So your assumption that he would have
22 successfully completed that program, what is that
23 assumption based on?

24 A. So I -- so I'm not kind of a liability
25 expert, and I'm not going to go to the issue of what

1 are the chances of whether he would have or would
2 not -- would or would not have graduated. So I'm
3 calculating here economic losses under the assumption
4 that he would have successfully graduated to -- so I'm
5 simply assuming it for the purpose of my preparing my
6 opinion. I've not derived any foundation for it. I'm
7 simply taking it as an assumption.

8 Q. Do you know what percentage of residents
9 successfully complete that program?

10 A. No.

11 Q. Do you have any data at all regarding that?

12 A. In the discovery materials I reviewed there
13 may be such data. I don't recall it. So I'll just
14 say I might have seen -- I think I read his --
15 reviewed his deposition transcript. Some of those
16 facts were where information could have come up
17 somewhere. But I certainly didn't rely on any such
18 information if I had reviewed it when preparing my
19 report.

20 Q. Do you understand that historically some
21 residents successfully complete that residency program
22 and others do not?

23 A. I could not say.

24 Q. Do you think there's a 100 percent success
25 rate?

1 MR. MOOR: Objection; relevance.

2 A. I have no opinion on success rates for
3 people in any kind of medical training program.

4 Q. (BY MR. NOLAN) Are you aware at all of the
5 negative performance reviews that Mr. Weisman received
6 during his time in that residency program?

7 A. I saw reference to something like that in
8 his deposition transcript.

9 Q. Did you see any information that suggested
10 to you where he ranked in the class of residents that
11 was in the program?

12 A. I may have seen something similar to that.
13 Again, perhaps in his deposition transcript.

14 Q. In other words, he wasn't performing in the
15 75th to 90th percentile in that program, was he?

16 MR. MOOR: Objection; relevance.

17 A. Even if I had -- I think I did review
18 something in his transcript, but I wouldn't have
19 enough additional supporting information even to
20 have -- to be able to be competent about saying it, so
21 I'll just say I don't know.

22 Q. (BY MR. NOLAN) In other words, he wasn't
23 in the top ten percent of his class, was he?

24 MR. MOOR: Objection; relevance.

25 A. Yeah, again, I don't have even enough

1 relevance; argumentative.

2 A. Yeah, I have no opinion on the accuracy of
3 Dr. Kaye's stated range of salaries or incomes for
4 Dr. Weisman.

5 Q. (BY MR. NOLAN) All right. So you have no
6 way of determining whether it's reliable or not, fair?

7 A. I'll say no. And I have no opinion on the
8 reliability.

9 Q. So you don't know whether it's reliable or
10 not, fair?

11 MR. MOOR: Asked and answered.

12 A. I guess I'll just say that I see his number
13 range. And I see this table of numbers that
14 apparently comes from a well-known source of data for
15 academic doctors. So I'll just say I see those
16 things, and I don't have an opinion though on the
17 reliability of his opinion.

18 Q. (BY MR. NOLAN) Okay. You mentioned that
19 Dr. Weisman had a research company. Do you actually
20 know the name of his company?

21 A. I've seen it, and I might have referenced
22 it in my report. I think it's named in his tax
23 returns. I remember seeing it. I'll just say I don't
24 recall the name of the company right now.

25 Q. Can we call it SBI?

1 assumption that he intended to work as a practicing
2 anesthesiologist. Do you remember that?

3 A. Yes.

4 Q. In other words, how do you know he wasn't
5 planning on focusing his time and energy on building
6 the company, SBI?

7 A. Well, part of my understanding is that, you
8 know, there's perhaps a claim for the loss of that
9 business enterprise, and that he had to have an
10 ongoing interest in it. Whether or not he would have
11 then pursued that as a career, I'll certainly assume
12 that he was going to be an anesthesiologist in an
13 academic setting, because that was his training, that
14 was his work at the -- the situation in the case at
15 hand.

16 It's possible that he would simply abandon
17 that all together and do something only about his
18 business. I'm just assuming that, no, he was going to
19 carry forward and pursue a career matching his
20 training.

21 Q. Did you ever -- I mean, that could be any
22 number of different careers. He could be -- he could
23 have pursued a career -- a legal career, yes?

24 MR. MOOR: Objection to relevance.

25 A. You know, I considered that as a

1 program, he was secretly recording conversations with
2 the head of the department, because he thought he was
3 out to get him?

4 A. I don't recall, so I'll say I don't know.

5 Q. You can take down -- or you can stop
6 sharing your screen for now.

7 Okay. I'm sharing my screen. Can you see
8 it, your report?

9 A. Yes.

10 MR. NOLAN: Okay. All right. Let's go
11 ahead and mark this as Exhibit C.

12 Q. (BY MR. NOLAN) Okay. You see here on
13 page 1 of your report under Certification in the
14 second paragraph you state, "I also certify that all
15 the methods, data, and statistics in this report are
16 based on current knowledge and peer-reviewed
17 research."

18 A. Yes.

19 Q. Okay. Is the information that Dr. Kaye
20 provided, is that peer-reviewed research?

21 MR. MOOR: Objection; mischaracterizes.

22 A. Some of it may be. It's to my
23 understanding current knowledge. The report in that
24 spreadsheet, which appears to be from a -- kind of a
25 major source of, like, medical colleges may have been

1 peer reviewed, but I'll say I don't know.

2 Q. (BY MR. NOLAN) You said it appears to be
3 from something. You don't know where that data came
4 from, right?

5 A. Well, aside from what apparently Dr. Kaye
6 is presenting, that is to say that it comes from this
7 particular group of medical colleges, that is my
8 exclusive source for where it came from.

9 Q. Actually, the exclusive source that you got
10 it from was the attorney, right?

11 A. Yes. The attorney communicating what it
12 appears that Dr. Kaye had said.

13 Q. Okay. You have no way to validate that or
14 not, do you?

15 A. I'm sorry, can you actually just kind of
16 restate it slightly, so I don't get more confused?

17 Q. Right. Do you have any way to validate
18 that what they're telling you that data is is actually
19 true?

20 A. So in particular, I have -- for the
21 Association of American Medical Colleges, AAMC,
22 Faculty Salary Report, I have not, say, downloaded it
23 myself and then confirmed that it matches the
24 spreadsheet that we have here. Someone could do that.
25 I think it costs \$1,200 for it. I haven't done that

1 one thing.

2 Q. So without doing that, you can't validate
3 whether it's reliable and accurate, can you?

4 A. I don't think those seem to be related.
5 That is, even if I paid the money for the report, that
6 itself doesn't tell me anything about the reliability
7 of the information contained in it. The report may
8 well have additional information about measures of
9 reliability of the statistic, standard errors and
10 things like that. I haven't seen those.

11 Q. Okay. All right. And you have no way of
12 telling whether or not the copy of this, which was
13 provided to you by Mr. Weisman's attorney -- or excuse
14 me, Dr. Weisman's attorney, whether or not it is, in
15 fact, what it purports to be?

16 A. Well, I mean, I could if I purchased it.
17 But it seems to me associated with another expert's
18 opinion and his source materials. I've never
19 attempted to go and check a doctor's source materials
20 to see if they came from the right book. In principle
21 one could, but I've never had occasion to do so.

22 Q. Okay. You state the report contains
23 explanations and supplements sufficient for any
24 competent economist to reproduce the appraisal of
25 economic damages. Did I read that correctly?

1 MR. MOOR: Objection to relevance.

2 A. I don't have a -- kind of knowledge more
3 particularly again about that program, and how it
4 might have -- might not have been that he could have
5 applied to it. So I'll just say I don't know.

6 Q. (BY MR. NOLAN) Does that strike you as odd
7 that Dr. Kaye is an expert for him in this case, and
8 yet Dr. Kaye didn't offer him a position down at -- in
9 his program?

10 MR. MOOR: Objection; assumes facts not in
11 evidence; argumentative; relevance.

12 A. While I'm not a medical doctor or medical
13 professor, just as an academic, that would seem far
14 afield, that is to say, even if I really liked a
15 student graduated from some program, we only have
16 positions come up when they come up. And sometimes
17 that's years apart. And whether or not he's a
18 recruiting -- you know, in a management recruiting
19 role, where he takes the lead for those, Dr. Kaye, I
20 have no idea. So I'll just have to say I don't know.

21 Q. (BY MR. NOLAN) Okay. In your footnote 2
22 you state that you do not calculate or express any
23 opinion on the loss of value of any business entity or
24 enterprise. Did I read that correctly?

25 A. Yes.

1 Q. But why? Why the range? Is it because you
2 don't know an accurate figure?

3 MR. MOOR: Objection; argumentative.

4 A. Partly to anticipate. So if Dr. Kaye is
5 going to say, Well, he would have earned this to this
6 as an income range, then I would want to prepare my
7 report to kind of match what the -- the fact that he
8 himself was using a range.

9 Q. (BY MR. NOLAN) In other words, you have no
10 way of knowing whether or not Dr. Weisman would have
11 made 7.9 million or 9.8 million in terms of losses?

12 A. I haven't, like, attached any probability
13 to them. But all the numbers in those -- in that
14 range seem to me reasonable estimates of economic loss
15 for him.

16 Q. How about 6,000,000, would that be
17 reasonable?

18 A. That would seem to lie below -- obviously,
19 it lies below the numbers I have here. And I think
20 that would lie substantially below the values that
21 seem to me reasonable when I did my calculations. So
22 I would say that would seem too low.

23 Q. Right. Well, but in other words -- would
24 you agree with me that you have no idea whether it
25 would be 7.9 or 9.8 million?

1 an apparent opinion via email and then there's this
2 published set of statistics on the other hand, those
3 were the two, you know, sources of numbers that I
4 considered in selecting here these percentiles, the
5 75th and 90th percent.

6 Q. (BY MR. NOLAN) But is there anything
7 specific related to characteristics of Dr. Weisman
8 that would support that assumption?

9 A. There may be. That is, Dr. Kaye's own
10 opinion would have its own assumptions, but I don't
11 know what they are specifically.

12 Q. All right. So you have no data specific to
13 Dr. Weisman and his characteristics or his performance
14 that would support that assumption of a salary between
15 the 75th percentile and the 90th percentile?

16 A. Not beyond which may be contained or in
17 Dr. Kaye's apparent opinion and his referenced
18 spreadsheet.

19 Q. Have you read Dr. Kaye's report in this
20 case?

21 A. The only thing that -- so I'll say no.
22 Just that email. That's the one thing I've seen in
23 writing. I know -- so I don't -- in other words, I'll
24 say I don't recall. I know I've seen some discussions
25 about him. I think probably -- maybe it was in a

1 different than the mean wage we see here. It doesn't
2 surprise me, because a lot of anesthesiologists likely
3 are not medical school professors.

4 Q. Yeah, but I'm asking you about data or
5 information that is specific to Dr. Weisman that would
6 allow you to then form an opinion as to where within
7 this range of salaries he might fall.

8 A. Yeah, that would go to the two sources we
9 mentioned earlier. So assuming that he was going to
10 be an academic anesthesiologist, that would, you know,
11 be paired with a spreadsheet that I reviewed. And
12 then there's Dr. Kaye, as well, giving that range from
13 500- to 750,000, that apparently he's offering as an
14 opinion in this case. So, again, those are the only
15 sources of information that seem to be related to
16 Dr. Weisman. At least, that's my understanding from
17 the position of Dr. Kaye. So yes.

18 Q. But what is it about Dr. Weisman -- what
19 can you point to that's specific about Dr. Weisman
20 that would allow you to form an opinion as to where in
21 the broad range of salaries he might fall?

22 MR. MOOR: Asked and answered.

23 A. So it's a range of salaries we saw
24 earlier -- was mainly, let's say, 400,000 to 750,000.
25 You know, I selected the 50 and 75th percentile, which

1 places and kind of they're used differently. So I
2 don't -- I didn't -- again, if Dr. Kaye had said,
3 Well, you know, I think median at whatever, you
4 know -- whatever row here is kind of the relevant one,
5 I would have.

6 So I didn't select a particular -- again, a
7 box or even a row or a column in this table. I did
8 consider the range of numbers here as well as what
9 came later, which was Dr. Kaye's opinion of the 500-
10 to 750,000, which are large -- you know, larger than
11 most of these -- many of these numbers. And, you
12 know, proceeded -- seemed reasonable to select numbers
13 here that would -- for my -- my purposes, be kind of
14 in the middle of his -- more or less in the middle of
15 this range, combined range.

16 Q. But in other words, to determine whether
17 Dr. Weisman would have fallen into the 25th percentile
18 or the median or the 75th percentile, don't you need
19 to look at data specific to him and compare that to
20 the other data within the table to see if they match
21 more closely? In other words, what are you basing it
22 on? How do you know whether he would have fallen in
23 the 25th or 75th?

24 MR. MOOR: Asked and answered.

25 A. So here there's 25th and 75th, of course,

1 then are -- again, with what I understand to be this
2 AAMC report and -- I don't -- so I'll say I don't
3 know.

4 Dr. Kaye might have an opinion about these.
5 And my understanding is he is presenting opinions on
6 what would be the reasonable kind of starting pay or
7 relevant pay for a person in this market, you know, as
8 an academic anesthesiologist. I don't know though,
9 because he didn't communicate to me any particulars
10 about this or really anything else at all directly.

11 So I don't have a role assigned to these
12 particular rows and columns, per se. Although I do
13 consider the overall range of the numbers to be a
14 useful reference point. But I don't particularly -- I
15 don't pick a particular box.

16 Q. (BY MR. NOLAN) Okay. You can stop sharing
17 your screen.

18 Okay. I'm sharing my screen with you. Can
19 you see Table 4 in your report?

20 A. Yes.

21 Q. Okay. All right. So looking at year 2019,
22 you estimate that if Dr. Weisman would have
23 successfully completed the program, that he would be
24 making a real wage of \$332,618. Did I read that
25 correctly?

1 Q. Well, he's now board-certified in
2 occupational and environmental medicine, yes?

3 A. That sounds right. I'm not a medical
4 expert, but that's basically what I understand, yes.
5 And I think I state it in my report.

6 Q. But you believe that he's only going to be
7 performing from an earnings perspective at
8 approximately the 50th percentile; is that fair?

9 A. That's about right. The mean and median
10 cross themselves, you know, these curves at, you know,
11 about his age. So that's right.

12 Q. But when you were calculating his
13 anticipated earnings as an anesthesiologist, you were
14 doing so at the 75th and 90th percentiles, yes?

15 A. That's right.

16 Q. And how do you account for that difference?
17 In other words, if he's the type of person who
18 performs better than most of his peers in one setting,
19 why wouldn't the same apply in the other setting?

20 A. Well, it could. It's simply here because I
21 had his actual historical, on-the-scoreboard earnings
22 recently at the VA. That was a useful reference point
23 in picking, you know, which of these earnings profiles
24 would best match him. To me, the mean curve was the
25 best on that basis.

1 Q. So if he's the type of person that's kind
2 of in the middle of the pack in relation to his
3 earnings performance as related to his peers, why
4 wouldn't the same apply if he became an
5 anesthesiologist?

6 A. Well, that's somewhat coincidental, that is
7 to say, it's his earnings -- historical earnings that
8 I've observed that would have positioned me in
9 selecting one of these statistics. I'm not then kind
10 of trying to say that I determined he would be at the
11 mean level by some abstract principle and then do the
12 calculation forward.

13 It was the reverse, which is looking at the
14 actual pay on the scoreboard and then picking a curve
15 here that happens to be the mean. But it wouldn't
16 allow me to make any conclusions, nor would it be
17 useful, I think, to the but-for situation.

18 Q. But you still made those conclusions
19 without any actual earnings data as an
20 anesthesiologist, yes?

21 A. No, Counsel, I don't think so. I don't
22 think I drew a conclusion about his -- let's see. I
23 made assumptions that the 75th and 90th percentile of
24 earnings for physicians and surgeons would be a good
25 match with what I see in Dr. Kaye's opinion, and his

1 disclosed apparently statistical tables. But that's
2 all I did.

3 Q. Right. But here when you're looking at
4 what he will be making working in the field of
5 occupational and environmental medicine, you looked at
6 his actual earnings data, and that allowed you to pick
7 a point on this Table 1073, fair?

8 A. Yes.

9 Q. And that's in the median range -- or excuse
10 me, the mean or the median range, which is right
11 around the 50th percentile, yes?

12 A. Yeah. At that age. The blue line, you'll
13 notice, does lie below the pink one, so the mean ends
14 up being lower longer at later years, but they do
15 happen to cross earlier on.

16 Q. But you would agree if you were to
17 employ -- or attempt to employ the same methodology in
18 relation to calculating future earnings as an
19 anesthesiologist, you wouldn't be able to do so,
20 because you don't actually have any earnings data for
21 Dr. Weisman in that field, yes?

22 A. Let's see. Well, it is true that the steps
23 I did here for mitigation earnings have a difference
24 than with the but-for earnings. But the mitigating
25 earnings -- I do have the step where I plug in his

1 terms, because of Dr. Kaye's opinions in
2 communications to me, as I understand, are not
3 location specific.

4 Q. So the simple answer to my question is:
5 No, you do not assume somewhere in the United States
6 Dr. --

7 MR. MOOR: Asked and answered.

8 MR. SULLIVAN: Can you let me finish my
9 question, please?

10 MR. MOOR: Sure. Go ahead and finish.

11 Q. (BY MR. SULLIVAN) So the answer to my
12 question would simply be: No, you did make an
13 assumption as to where in the United States
14 Dr. Weisman would be?

15 MR. MOOR: Asked and answered. The witness
16 has answered.

17 Q. (BY MR. SULLIVAN) Go ahead and answer.

18 A. Yeah, I didn't make any additional or
19 special assumptions about a location. I just referred
20 to Dr. Kaye. I just wanted to mention, as far as I
21 know, there wasn't a specific location referenced in
22 the numbers or information he provided.

23 Q. Okay. Would you agree that the cost of
24 living can differ significantly across the United
25 States?

1 A. Yes.

2 Q. Would you also agree that income for the
3 same profession can vary significantly across the
4 United States?

5 A. Yes.

6 Q. You know, so for instance, an
7 anesthesiologist working in New York City might be
8 getting paid a lot more than an anesthesiologist
9 working in Carbondale, Illinois, right?

10 A. Possibly.

11 Q. And you didn't account for this variation
12 in your opinion on lost wages, right?

13 A. Not in any specific or identifiable way.
14 My input here was Dr. Kaye's opinions. And, again, I
15 don't think he had a breakout explicitly reflected in
16 those, so I'll say no.

17 Q. I'm going to pull up your report, which I
18 believe has been marked as --

19 MR. SULLIVAN: Is that Exhibit C or B?

20 MR. MOOR: I think it's C, yeah.

21 MR. SULLIVAN: B, as in boy?

22 MR. MOOR: No, C, as in cat.

23 Q. (BY MR. SULLIVAN) All right. Doctor, I
24 want to direct you to your footnote 10 on page 6. And
25 you recognize in that footnote, correct, that -- that

1 A. Well, I do see the email from Mr. Elster to
2 Dr. -- the doctor here, Weisman, yes.

3 Q. Then it says, Depends on geography,
4 academic setting, private setting, the particular
5 facility, et cetera, right?

6 A. Yes. Let me correct myself, the email sent
7 to Dr. Kaye, and, yes, that's right.

8 Q. And then he states, Our economist, that
9 would be you, right?

10 A. I'm assuming that it's me all along here,
11 so, yes. I just want to make sure there's nothing
12 that would contradict it. Yes.

13 Q. Yeah, because I mean, Henry Elster ended up
14 forwarding it to you. So that would be you?

15 A. Yeah. I'm the only --

16 Q. It says, "Our economist is going to use
17 this figure or whatever figure you thought was correct
18 in his calculations," right?

19 A. That's right.

20 Q. So all that Henry Elster is doing is asking
21 him to confirm a salary range, to your knowledge,
22 correct, of 500- to \$750,000?

23 A. Well, and with the additional details that
24 are contained there in the sentence, yes.

25 Q. Okay. Do you know if that number actually

1 came from Dr. Kaye or whether that was just suggested
2 by Mr. Elster?

3 A. I don't know.

4 Q. You don't know.

5 I'm going to flip back to Exhibit C, which
6 is your report. And I want to turn to page 19. And
7 this is under the heading of Ethics Statements that
8 you provided.

9 A. Yes.

10 Q. And I want to direct you to item 3,
11 Diligence. And your first sentence there says,
12 "Practitioner as a forensic economics should employ
13 generally accepted and/or theoretically sound economic
14 methodologies based on reliable economic data." Did I
15 read that correctly?

16 A. Yes.

17 Q. And you agree with that statement?

18 A. Yes.

19 Q. Would you consider an email from
20 Dr. Weisman's counsel suggesting a number to Dr. Kaye
21 to be reliable economic data for which you can base
22 your opinion on?

23 A. I don't know that I've seen quite that,
24 Counsel. I'm just afraid you're putting more into
25 that -- what the email conveyed than I'm able to

1 Q. Okay. I'm not sure I understand that,
2 but -- but you didn't specifically take a -- and say,
3 Listen, maybe there's a 1 in 20 chance that
4 Dr. Weisman would never have become a board-certified
5 anesthesiologist and apply any type of discount or
6 risk factor to your calculations, correct?

7 A. No. And in particular, with a but-for
8 earnings, I do simply assume that he would succeed to
9 become the board-certified anesthesiologist.

10 Q. Right. Would Dr. Weisman's academic
11 performance in medical school have any bearing on what
12 his future earnings would be?

13 A. That seems reasonable.

14 Q. Are you aware that he ranked 81 out of 110
15 at medical school?

16 A. I think I saw in some of the discovery
17 materials some rankings. I don't recall that one
18 particularly. But I saw some rankings.

19 Q. And that would be roughly in the bottom
20 30 percent of -- of his medical school class, correct?

21 A. Yes. If the statistic you mentioned was
22 correct, then that would be a conclusion, yep.

23 Q. And do you think being in the bottom
24 30 percent of your class would have an effect on your
25 future earnings?

1 MR. MOOR: Objection; vague and ambiguous;
2 mischaracterizes the testimony.

3 A. Here I would have to defer to Dr. Kaye in
4 terms of things that would be of relevance. I could
5 see conceivably how that and many other factors could
6 be relevant in determining somebody's pay in that
7 occupation.

8 Q. (BY MR. SULLIVAN) Did you consider
9 Dr. Weisman's health in assuming what his work-life
10 expectancy would be?

11 A. No, not explicitly. And, in fact, other
12 than I think some reports of -- some indications he
13 had some perhaps stress-related problems in his whole
14 history, that was the only information I had regarding
15 his medical condition. And to answer, sorry, no, I
16 did not incorporate that into any work-life expectancy
17 calculation.

18 Q. And so our -- when you were talking about
19 the stress-induced, are you talking about irritable
20 bowel syndrome or ulcerative colitis?

21 A. Well, I don't recall exactly. That sounds
22 about right.

23 Q. And so you didn't take that aspect of his
24 health into account, that, you know, maybe he's going
25 to miss work or that he'll stop working earlier

1 because of his health conditions?

2 MR. MOOR: Asked and answered.

3 A. No.

4 Q. (BY MR. SULLIVAN) Did you take that into
5 account in making any mortality adjustments?

6 A. No. There are mortality adjustments
7 present in my calculations, but, no, I did not attempt
8 to factor in his own medical condition. Just to say
9 also, I'm not a medical expert, so I would likely not
10 be able to do that in any case.

11 Q. So you didn't take his personal health into
12 account in making the mortality adjustments that you
13 applied your calculations, correct?

14 MR. MOOR: Asked and answered.

15 A. No.

16 Q. (BY MR. SULLIVAN) All right. Back to
17 Exhibit C, your report, Doctor. I just want to -- I
18 know Mr. Nolan asked you some questions on this on
19 both Tables 4 and 5. But I just want to make it clear
20 in my mind how these tables were compiled.

21 So in order to get what I'll call the
22 starting real wage in 2018, as well as the other wages
23 down below there, you did the calculation that was
24 based on Table 2 and what we saw in Table -- what is
25 it, 1073 from that -- for physicians and surgeons; is

1 the context of the email, you know, I interpreted as
2 such. But, no, that's right.

3 Q. Would you agree with me that based on the
4 other data that you reviewed, including the data from
5 the Bureau of Labor Statistics, and I believe it was
6 the table that Mr. Elster had provided to you, which
7 supposedly came from Dr. Kaye, that range, 500,000 to
8 750,000, would not be valid for a first-year
9 anesthesiologist, fair?

10 A. Actually, I would have to defer to Dr. Kaye
11 whether that would be valid or not. Simply not --
12 it's beyond the scope of what I'm opining on.

13 Q. Well, based on the information that you've
14 reviewed, have you seen any data that would indicate
15 that a first-year anesthesiologist would be earning
16 between \$500,000 and \$750,000 per year?

17 A. Not beyond what Dr. Kaye here appears to
18 state.

19 Q. Okay. Well, Dr. Kaye does not state that,
20 I believe that Dr. Weisman will make in his first year
21 as an anesthesiologist between 500,000 and 750,000,
22 right?

23 A. In the email I do not see that written,
24 right.

25 Q. And you don't see any data that you've

1 reviewed that would support a beginning salary like
2 that, correct?

3 A. Nothing to support or refute, nor would I
4 likely be the one to use it, since it's probably a
5 doctor in the relevant field would be better than me
6 at this.

7 Q. Well, given the fact that you reviewed
8 salary information for anesthesiologists and none of
9 it would support an opinion that a first-year
10 anesthesiologist would make between 500- and \$750,000,
11 doesn't that tend to refute the opinion?

12 MR. MOOR: Objection; mischaracterizes his
13 opinion.

14 A. No, we did look at the Bureau of Labor
15 Statistics earlier, and I think we had already
16 discussed with you or the other counsel -- I mean,
17 there are quite stark differences likely between
18 different subcategories here. If we're talking about
19 the academic, doctor, anesthesiologist, you know, the
20 pay could be quite different. And just also
21 mentioning that the BLS page, I don't think we have a
22 breakout by first year, second year, so on. I don't
23 think that would be possible to reference that very
24 usefully in talking about the scenario you mentioned.

25 Q. (BY MR. NOLAN) Are you able to point to